PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

ANNUAL REPORT 1983

Report submitted to the Honourable Neil Webber,
Minister of Alberta Social Services and Community Health

December 1983

CONTENTS

		Page
Executive Summary		5
Introduction		7
Part I:	Developmental Programs	9
	Recreation Services	10
	Protection Against Crime	11
	Housing	12
	Volunteer Opportunities	13
	Transportation	15
Part II:	Supportive Programs	17
	Alternatives to Institutional Care	17
	Expanded Lodge Program	20
Part III:	Other Concerns	21
	Education	21
	Funds for Research on Aging	23
Footnotes		25
Appendix A:	Second Canadian Conference on Aging, Report Submitted to the Minister of Social Services and Community Health	27
Appendix B:	Background Paper for a Research Fund on Aging	41
Appendix C:	List of 1983 Council Members, Terms of Reference and Statement of Philosophy	59

EXECUTIVE SUMMARY

In this 1983 report, the Council has continued its emphasis of past years — that Alberta needs a "new approach" to ensure a good quality of life for its increasingly larger senior citizen population. While the Council recognizes that many of the factors that contribute to a richer and fuller life in the later years are the responsibility of individuals, it suggests that there are areas where governmental and non-governmental bodies can be of assistance.

In looking at increasing opportunities for seniors, it recommends that a method be developed to ensure that capital and operational grants for recreation services provided to municipalities be used to serve seniors in proportion to their percentage in the district and that the use of senior volunteers in a variety of organizations and services be encouraged. It commends the steps that are being taken to protect seniors against crime and recommends further support for educational forums on crime prevention and protection and for programs of assistance for victims. The role of the Government in providing senior citizen housing is appreciated. It is asked that such housing be located with easy access to shopping and other facilities, with this being considered in the initial planning of subdivisions in a community. It recommends that the per capita transportation grant program be continued after 1985, with the requirement that municipalities use the funds for transportation for the elderly and the handicapped.

The Council is most concerned that alternatives to institutional care be developed. While it recognizes that there are a few older people who must have such care, it feels that there should be alternatives so that those who do not need extensive care could remain at home. This would strengthen family support and result in future cost savings, as it would not be necessary to build and operate as many expensive facilities.

It recommends the extension of the Coordinated Home Care program, to include a social as well as a medical (health) entry, and also recommends that consideration be given to placing the program under its own administration. Day programs (day care and day hospitals) should be developed using existing services such as senior centres, lodges, nursing homes and auxiliary hospitals, and respite care (temporary care) should be available. There should be a single entry point with a single assessment service for all long-term care (home care, day care, day hospitals, nursing homes and auxiliary hospitals).

The concept of the lodge program needs to be expanded so that lodges can offer programs such as day care and respite care. Standards need to be established for lodges, along with a licensing process.

The education of medical and other health professionals in the special care needs of the elderly is a great concern. More expertise in the treatment and care of the elderly could result in savings in public funds, since accurate diagnosis, treatment and rehabilitation can, in many instances, prevent the need for long-term care. The Council recommends that support be given for developments at the University of Calgary Faculty of Medicine.

The Council continues to believe that research on aging is imperative if we are to improve and maintain the well-being of older persons and to ensure appropriate utilization of resources. As an Institute on Aging has not been established due to the economic downturn, the Council is recommending that the Minister of Social Services and Community Health establish a separate fund for research on aging to be administered by a Subcommittee of the Council.

INTRODUCTION

During 1983 the Council met as a whole four times, and working committees dealt with several issues. The Senior Citizens Bureau was assisted in its review of special project grant applications, and the Proceedings of the 1982 Alberta Symposium on Aging were published and distributed. A submission concerning mental health services for older persons was made to the Task Force to Review The Mental Health Act. The Chairman and one member of the Council participated in the Second Canadian Conference on Aging which discussed many issues of concern to all Canadians. Appendix A contains the Chairman's report to the Minister of Social Services and Community Health on the Conference. Appendix B is a background paper prepared on "funding for research on aging". Appendix C contains the names of the 1983 Council members, the terms of reference and the statement of philosophy.

This year we are continuing our emphasis of past years — that Alberta needs a "new approach" to ensure a good quality of life for its increasingly larger senior citizen population. From our 1981 report:

> Our emphasis in the future, therefore, should be on encouraging aging persons to continue as an integral part of the community that they know — the family, the neighborhood, the working and contributing world — not as a group set aside. We must find ways that will help us preserve and maintain our health and ability to care for ourselves to the greatest extent possible. If some help is needed, it should be given with minimal interference and it should encourage independence, not develop dependence.

We ask that, as much as possible, more emphasis be placed on non-institutional care and support services and on programs that stimulate opportunities for creative work, education and recreation and provide support to assist seniors and their families to help themselves.

As has been said many times, the numbers of seniors are increasing, in particular the very old. It is our recommendation that new directions be started now, not later, so that greater numbers of seniors will be able to remain as contributing, involved members of society regardless of age. This report looks at ways in which older persons could contribute to society and to the services they use, and also discusses ways in which research could help to ensure a better future.

In a time of increasing restraint it is recognized that priorities are necessary. We believe that Alberta should direct its priorities towards "prevention in all its aspects" and to serving people only to the extent that it is necessary.

We urge that in the future funds be gradually directed, as much as realistically possible, from the institutional sector to alternatives to such care, thereby lessening the need for future capital and operational costs for institutional care. We believe that in the long run this will result in cost-savings as well as an improved quality of life for the aging.

PART I: DEVELOPMENTAL PROGRAMS

The Council believes:

> As we grow older we need opportunities for continued involvement — opportunities to use and develop skills and creativity and to maintain health. We need the influences, the attitudes, the policies and the services that give older people opportunities for continued involvement in living (1981 report).

We recognize that many factors contribute to a fuller and richer life in the later years and that many of these are individual in that they depend on a person's health, personality, outlook on life and relationships with family and friends.

There are areas, however, where governmental and non-governmental bodies can make a difference in the quality of life. Five of these of interest to us this year are: recreation services, protection against crime, housing, volunteer opportunities and transportation.

RECREATION SERVICES

Recreation encompasses a broad range of activities which relate to the use of leisure or "non-working" time. What is considered recreation varies widely from one individual to another, especially with older people. Some like individualistic activities such as reading or creative writing or study and research, and others like performing arts such as drama and music. For an increasing number of seniors, games and sports specifically related to their age group are important.

It is increasingly evident that recreation is an important component of people's lives and that an involvement in recreational programs can enhance both the physical and mental fitness of individuals whatever their age. Certainly studies have shown that fitness programs can have a positive effect on the health and well-being of elderly persons. However, many older persons find it difficult to see recreation as an important component in their lives. While this varies from area to area, it seems equally difficult for many municipal recreation departments, who deliver the recreation programs in this province, to see older people as potential users of recreation services. These two factors may result in local recreation staff and boards not considering the needs of the elderly, and older persons not asking for programs.

We know that the provincial Department of Recreation and Parks is concerned about programming for seniors, and we appreciate the support the Department has shown through providing fitness and leadership training workshops and through funding the Senior Games and the Alberta Senior Citizens Sport and Recreation Association.

However, what is actually offered in regular programming depends on the municipalities. It is our impression, for example, that a relatively small percentage of the Recreation funding is used for projects for seniors. It is recognized that many general community recreation facilities may also serve seniors; however, the extent to which this is happening and the extent to which local programming is accessible and of interest to seniors is not evident. We are pleased that the provincial department will be conducting a survey to obtain some information about this, and would like to suggest that more needs to be done to inform not only seniors but also the general public about recreational opportunities for older persons and the value of their participation in such programs. Furthermore, those developing recreation for seniors need to be sensitive to the special needs of older persons and aware of other programs and services for them.

RECOMMENDATION ONE: RECREATION

TO THE MINISTER OF RECREATION AND PARKS

The Council recommends that the Department develop a method of ensuring that capital and operational grants for recreation services provided to municipalities be used to serve the recreational needs of seniors in proportion to the percentage of seniors in the district.

PROTECTION AGAINST CRIME

Older persons are vulnerable to crimes of various kinds because they are generally not as able to protect themselves, are often living alone or may be seen as having resources because they have a regular source of income (a pension).

The Alberta Council on Aging, the province-wide voluntary organization of seniors and persons interested in seniors, is working closely with the Attorney General's Department and the Police on this matter.

In response to concerns expressed by the Alberta Council on Aging, the Attorney General's Department has established a Committee on Law and the Elderly which has four working subcommittees on: data collection; educational programs for older persons (a package is being developed); victim assistance; the judicial system.

The Committee will be reporting to the Attorney General in early 1984.

Efforts are being made by the local police departments to provide older people with information on how to protect themselves against crimes of various kinds and to provide some assistance to victims of crime. There are numerous information materials available — pamphlets, films and so forth — as well as speakers. Local organizations, such as senior centres, could sponsor more educational forums, in cooperation with local law enforcement agencies, to assist older persons to protect themselves and their property. We suggest that community groups, in particular seniors' groups, review the concerns and strategies relating to crime and abuse of the elderly which were developed at the Second Canadian Conference on Aging (see Appendix A and the report of Work Group 3).

RECOMMENDATION TWO: PROTECTION AGAINST CRIME

TO THE ATTORNEY GENERAL AND THE SOLICITOR GENERAL

The Council recommends that both Departments continue their efforts to make life safer for older people, both in their homes and on the streets, through increasing education and law enforcement. Furthermore, we recommend that both Departments encourage and support local forums for seniors which would provide information on protection against crime and that victim assistance programs be further developed and supported.

HOUSING

The environment in which one lives — one's home — is a major factor in determining one's life satisfaction. Is it comfortable, safe and affordable? Is the neighborhood congenial? These are crucial questions, and if they cannot be answered positively they can affect one's whole outlook on life.

We are concerned, therefore, with ensuring that older people have choices in housing (what appeals to one person may not appeal to another) and that it is possible for them to live in comfort and congeniality in a single house or a duplex (owned or rented), in a private apartment (owned or rented), in special senior citizens housing (either row house or apartment) or with a family member. The crucial element is having a choice — alternatives.

This province has done a great deal to provide financial aid so that people can remain in their own homes (property tax rebates, homeowners' grants and heating rebates, and renters' grants). It has built a considerable amount of subsidized senior citizens housing (apartments) throughout the province.

While senior citizens housing does not appeal to all seniors, it does provide a form of security desired by some. Management of such housing is increasingly recognizing that it must consider social as well as caretaking needs and that in doing so the health and well-being of the residents (who generally are older than those living on their own) can be maintained. By providing a congenial atmosphere and by quickly linking persons with help if it is needed, serious problems can be avoided.[1]

We suggest that not all such housing needs to be heavily subsidized as the majority of older persons have owned their own homes. A number who would like to have the social atmosphere of senior citizens housing could and would buy their accommodation.

We would hope that voluntary organizations and private developers could be encouraged to build a variety of types of housing to meet the many different styles, needs and income levels of seniors.

The location of senior citizens housing is crucial both in urban and rural areas and should be considered in the original planning for a community, as is now done in the case of schools and parks. As much as possible it should be near shopping facilities and have good access to transportation services. In medium-size cities the central core may be the location most convenient for the elderly.

RECOMMENDATION THREE: HOUSING

TO THE MINISTER OF HOUSING

The Council recommends that careful thought and consideration be given to the location of senior citizens housing and that, as much as possible, projects be built in locations with easy access to shopping and other facilities. The location of senior citizens housing should be included in the initial planning of new subdivisions so that this is accomplished.

VOLUNTEER OPPORTUNITIES

Many persons, including seniors, contribute hours of volunteer service to a variety of organizations such as senior centres, hospitals, schools, churches, recreation services, community leagues and political organizations.

Volunteer work can be most satisfying and rewarding as well as challenging and creative. What appeals to one person, however, may not necessarily appeal to another so many different kinds of volunteer opportunities need to be available.

Seniors have much to offer as volunteers. They have experience. They have time. They are a most valuable resource that can enrich many programs and services as well as our social and political life.

The Council is urging organizations, agencies and services to examine ways in which older volunteers can contribute effectively and meaningfully. All too often it is assumed that the elderly are not interested or that they are too "old" to be asked to help.

We are also suggesting that a major drive be made to interest more retired persons in contributing their services and in remaining active.

A major increase in the numbers of older volunteers could improve and enrich many programs for seniors: senior centres, meals-on-wheels, home care, day care centres, lodges, nursing homes and auxiliary hospitals. For example, visiting elderly who because of frailty need a variety of supports to live "independently" could be an important contribution.

Many older volunteers (and others) find that they receive recognition and personal satisfaction simply through giving service. However, local organizations should find ways to recognize and reward, on a continuing basis, the service provided by older volunteers.

The contribution made by seniors can be at many levels, as volunteers in the provision of direct services and at the planning and policy-making level on boards, advisory councils and similar bodies. Recreation, social and health bodies are not the only ones to which seniors can give advice, direction and time. Educational, cultural, religious, political and self-help organizations are all in need of the contributions older people can make. Seniors, in turn, can find their lives enriched.

In addition to encouraging the participation of seniors through a variety of volunteer efforts, it is becoming increasingly important to find ways to ensure that older persons have a part in real decisions — decisions made about and for them and also for other aspects of community, provincial and national life.

The involvement and participation of older people in society's decision-making process was a major theme of both the United Nations World Assembly on Aging and the Second Canadian Conference on Aging. A closing speaker at the Canadian Conference, Walter Lyons, challenged older persons, saying:

> Our task is not to wait for liberation in order to be allowed to participate, but to liberate ourselves, to release ourselves for participation; to seize the opportunities wherever and however they exist and our vision can perceive them, at whatever level

and on whatever issue, to stop being afraid but rather to risk and to dare, to represent our fellow seniors in the best way we know how, accepting that none of us are perfectly able in this regard... Participation, effective participation, does not just happen.

RECOMMENDATION FOUR: VOLUNTEER OPPORTUNITIES FOR SENIORS

TO THE MINISTERS OF SOCIAL SERVICES AND COMMUNITY HEALTH, RECREATION AND PARKS, CULTURE, HOSPITALS AND MEDICAL CARE, HOUSING, EDUCATION, AND ADVANCED EDUCATION

The Council recommends that all Departments encourage the use of older volunteers on boards and in the various bodies, organizations and services they fund. Furthermore, ways should be found to enable agencies to provide recognition to the volunteers.

TRANSPORTATION

Transportation services that are available and can be easily used by older persons are of great importance. Increasing age may bring with it physical infirmities that make it difficult to walk and impossible to continue driving one's car or to continue using the public transportation services. Yet it is still most important to get out for shopping, for medical appointments, for social engagements and for recreation purposes — to maintain health and high morale. The ability to do so then depends on special transportation services that are geared to the physical limitations one may have. This becomes even more important during the long and severe winters in Alberta.

The Council appreciates the grant program from Alberta Transportation. It is concerned, however, that these funds may not always be used appropriately by municipalities to develop special services for the elderly and the handicapped, as this is not a requirement of the grant program. The present program is to terminate in 1985, and the Council suggests that it be offered again but with much stricter controls. Transportation is a service of crucial importance to many older persons, and this funding program, with tighter controls on the municipalities, could make a major difference in the lives of many seniors, especially in the rural areas where there are few existing services.

RECOMMENDATION FIVE: TRANSPORTATION GRANTS

TO THE MINISTER OF TRANSPORTATION

The Council recommends that the per capita transportation grant program for senior citizens and the handicapped be continued after 1985, that the Department require that this funding be used for transportation for the elderly and the handicapped and that municipal governments be held accountable for funds received.

PART II: SUPPORTIVE PROGRAMS

ALTERNATIVES TO INSTITUTIONAL CARE

We recognize that some older people, because of a variety of health problems and a lack of support, may need the sheltered environment of an institution. Some may need this for a temporary period only, for respite and/or for restoration; others may need it on a long-term basis.

Until very recently if an older person needed even minimal help, and could not receive it on an informal basis from family and friends, he/she had no choice but to go into a nursing home. We believe that persons who do not need extensive care and shelter should have alternative services available such as home care, day care, day hospitals and respite care.[2] Alternative services can supplement and support the older person's own efforts and also the efforts of family and friends. There are many situations where family and/or friends are caring for quite disabled persons (more disabled than many persons in institutions). The need to strengthen their support and therefore family and community life for the elderly is, in our belief, a most important reason for developing alternative services. Further information and support for this is found in the Report on the Second Canadian Conference on Aging (Appendix A, Work Groups 2a and 2b).

The Council is aware that in the last two years the development of "alternatives to institutional care", in particular an expansion of the eligibility criteria for the Coordinated Home Care Program, has been recommended by several major studies.[3]

We would add that the alternatives in housing presented in Part I (in particular senior citizens apartments) are also "alternatives to institutional care".

Our 1980 report had an appended paper on health and social services which explains in detail the concept the Council has of a system of services for elderly in need of support and describes what the Council means by comprehensive home care, day care, day hospitals and respite care.

We know that questions are immediately raised about the cost of developing "alternative services". Our answer to this is that rather than continue to spend a great deal of money building more hospital and institutional beds which then automatically cost a great deal to operate, we should in the future curtail building and use the capital funds to develop and expand alternative programs (home care, day care, etc.).

Our 1982 report outlined the cost savings that could result from the development of alternatives. Why put people into care situations that cost the public from $36 to $300 or more a day when a day care program one or two days a week at a cost of $25 to $30 a day and some home care could keep one happier and more independent? For example, patients could be discharged earlier from active treatment hospitals and receive needed daily nursing services and personal care through home care. Through the provision of personal care and support services older persons might not have to go into nursing homes. Home care, in particular homemakers and home helpers, could prevent unnecessary accidents or the development of disability in older people resulting from not having help as needed. Home care therefore can prevent the need to use costly medical and long-term institutional care.

Information from the Manitoba/Canada Home Care Study showed that in one month the home care program resulted in a saving of $1.19 million for the 1,167 clients studied.[4]

In Alberta the annual operating expenditure for nursing homes and auxiliary hospitals in 1982/83 was somewhat more than ten times the amount spent on the one small day care program, the day hospitals and the Coordinated Home Care Program.[5]

Developing alternative programs alone is not enough. It is important to have some way of coordinating community and institutional care so that persons are helped to get the appropriate care at the appropriate time. The studies mentioned earlier have all recommended "one entry point" to long-term care: that is, in various regions there should be one service which coordinates entry to care, whether it is home care, day care, day hospitals or nursing homes and auxiliary hospitals. The Council supports this.

Research and experience in other places suggests that the addition of community services makes little difference in the use of long-term institutional care beds unless there is coordination between community and institutional care, and persons are admitted to nursing homes and auxiliary hospitals only after an assessment shows that they cannot manage in the community with support.[6]

Finally, the Council has some concerns about the present administration of the Coordinated Home Care Program and questions whether home care can be effectively expanded as long as it is the responsibility of local health authorities (health units and local boards of health). The allocation for home care is included in a general allocation with that for community health nursing. It is the feeling of some Council members that, because the local health authorities have many other important programs to administer, home care will gradually be submerged by the demands of the other programs and the support components of home care in particular will not receive enough emphasis. In 1980/81, while most of the elderly persons on home care were receiving nursing services, only very low percentages were receiving homemaker and personal care services.[7]

Consideration should be given to developing a separate and unique administration for the Coordinated Home Care Program. The Council will examine this possibility during the coming year.

The Council believes that home care must be expanded so that there is a social as well as a medical entry for frail and disabled older persons and a greater emphasis placed on support services such as homemaking and personal care. We believe that such a step will in the long run have a real cost-savings effect on other health services.

RECOMMENDATION SIX: ALTERNATIVES TO INSTITUTIONAL CARE

TO THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH AND THE MINISTER OF HOSPITALS AND MEDICAL CARE

The Council recommends that a greater range of alternatives to institutional care be developed for persons who are frail and disabled; and that

1. **the Coordinated Home Care Program be extended and have a social as well as a medical (health) entry so that persons who do not necessarily need a professional health service but need support services only can receive help, and so that these support services are considered an integral part of Home Care;**
2. **consideration be given to placing the Coordinated Home Care Program under its own administration;**
3. **day programs (day hospitals and adult day care services) be developed and funded using existing services such as senior centres, lodges, nursing homes and auxiliary hospitals;**
4. **respite care (temporary care for older persons) be developed through the flexible utilization of all existing programs including lodges, nursing homes, auxiliary hospitals, general hospitals and home care;**
5. **a single entry point with a single assessment service be developed for all long-term care (home care, day care, day hospitals, nursing homes and auxiliary hospitals).**

EXPANDED LODGE PROGRAM

Lodges provide board and room for elderly persons, supposedly well and able to care for themselves. Some lodge residents are now receiving some personal care, either from the staff or from community services such as home care. We suggest that more Foundation boards managing lodges look at ways of using these services in their facilities, and also expanding health surveillance and assessment and life enrichment activities for their elderly residents. These latter activities are as important as meeting the basic needs for food and shelter, and some staff time needs to be devoted to them.

Lodges are available throughout the province, and the lodge is often the major facility in a small community. Lodges could be a major resource to older people in their regions by simply expanding their services. They could offer meals to elderly persons living in the community. They could provide day care programs and could offer temporary accommodation (respite care) for persons with that need. There could be some provision for recreational services for the elderly in the community.

There are many possibilities which could be considered. What can and should be done depends on the needs of the community, the interest and enthusiasm of the staff and the board, and the interest and willingness of the residents.

At the present time there is no way to evaluate the lodge program or individual lodges to determine whether or not they are meeting certain basic requirements to satisfy the needs of their residents (for example, good nutrition, the need for activities), nor is there a way to evaluate the cleanliness and maintenance of the facility. We agree with the recommendation concerning the need for standards which was proposed at the Second Canadian Conference on Aging (Appendix A, Work Group 4).

RECOMMENDATION SEVEN: EXPANDED LODGE PROGRAM

TO THE MINISTER OF HOUSING

The Council recommends that the concept of the lodge program be expanded to include the possibility for a lodge to offer day care, respite care or whatever service might be needed to serve the needs of older persons in the community on a short-term basis. The Council further recommends that standards be established for the lodge program and that lodges be licensed by an appropriate body and regularly inspected by that body.

PART III: OTHER CONCERNS

EDUCATION

The Council has a continuing concern about the need for skilled and knowledgeable persons to work with the elderly in the provision of adequate services.

We strongly support the program being undertaken by the Senior Citizens Bureau to provide bursaries to health professionals for a four-week study period at the Youville Wing of Edmonton General Hospital, a geriatric assessment and rehabilitation program under the direction of the Faculty of Medicine, University of Alberta. However, we feel that particularly in geriatrics (medical care of the elderly) and in psychiatry with the elderly there should be post-graduate opportunities for intensive study.

We recognize that the majority of older persons will not need to see such medical specialists. However, some specialists need to be available in regional centres (similar to the Youville program) for consultation in complex situations and for teaching.

The Council is concerned about the lack of specialists in geriatrics because adequate diagnosis, treatment and care of the elderly is a complex part of medicine. Elderly persons often have not one but several chronic illnesses. Drugs have different side effects on the elderly, and the interaction among medications for several chronic illnesses must be carefully evaluated. When surgery is required, many different conditions must be taken into consideration. These factors all make the treatment and care of older persons challenging and point out the need for some medical personnel to have specialized training.

Studies have shown that six to eight percent of persons 65 years of age and over have severe mental health problems.[8] Yet there are relatively few special services for them. Few private psychiatrists are interested in this area. As of 1980/81, Mental Health Services (Alberta Social Services and Community Health) served very few elderly and close to one-half of the older patients (who represented less than one per cent of Alberta's elderly population) were in the two Alberta Hospitals (Edmonton and Ponoka) or Claresholm Care Centre.[9]

Adequate diagnosis, treatment and rehabilitation for the elderly with physical and/or mental problems can result in a great savings in the expenditure of public funds as it may (and can) prevent the need for long-term care, as the experience at the Youville Wing has shown.

With the growing number of older persons in Alberta (by 2006 the senior population may almost double in size), it seems only prudent and practical to develop knowledgeable medical/psychiatric services for older persons.

RECOMMENDATION EIGHT: EDUCATION IN GERIATRICS

TO THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH, THE MINISTER OF HOSPITALS AND MEDICAL CARE AND THE MINISTER OF ADVANCED EDUCATION

The Council recommends that the Departments encourage the education of physicians in geriatrics and support the interest now being shown at the Faculty of Medicine, University of Calgary, in developing a program in geriatrics.

FUNDS FOR RESEARCH ON AGING

The Council feels there is an urgent need for more research on aging, especially in the area of maintaining health and well-being in the later years. Our Council has recommended an Institute on Aging which has not been established due to the economic downturn at present. The Council is convinced, however, that research will assist in resolving the complex medical, social and psychological issues facing the elderly in today's society. Research specific to aging is imperative to improve and maintain the well-being of the elderly and to ensure appropriate utilization of resources. The Council is equally convinced that a separate fund for research on aging is required to support this type of research.

Because of our concern we commissioned a background paper which is attached to this report (Appendix B). It outlines the major factors affecting gerontological research activities in Alberta and some of the benefits to be obtained from promoting these activities. It also includes a design for administering research activities in the province under the leadership of the Council. On the basis of this report we are submitting the following recommendation.

RECOMMENDATION NINE: FUNDS FOR RESEARCH ON AGING

TO THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH

The Council recommends that:

1. the Government of Alberta support incentives to promote research on aging;
2. the Minister of Social Services and Community Health establish a separate fund for research on aging, with particular emphasis on non-medical research and applied and evaluation research;
3. the Minister establish a Subcommittee of the Provincial Senior Citizens Advisory Council to administer the research fund.

FOOTNOTES

1. For example, some preliminary information from a study conducted by D. Larsen, C. Gotay and M. Stolte in the Mount View Health Unit area indicates that residents of senior citizens apartments have a fairly low degree of "morale" as compared with older people who live in private dwellings (letter from D. Larsen to the Senior Citizens Bureau, November 30, 1983). G. Gutman in her studies has found that "tenants in retirement housing have more health problems and functional disabilities than persons of comparable age living at home in non-age-segregated settings" (Gutman, G., "The Elderly at Home and in Retirement Housing," Chapter 18 in V. Marshall, ed., **Aging in Canada: Social Perspectives.** Don Mills, Ontario: Fitzhenry and Whiteside Ltd., 1980, page 198).

2. Day care is the provision of an organized program of services during the day in a group setting for the purpose of supporting personal independence and promoting social, physical and emotional well-being. The services are designed for persons who are physically, mentally, socially and/or emotionally impaired who need daytime supervision and perhaps some personal care in order to remain in their homes. Day care provides relief for family members, and social activities for those who are living alone. Its goal is maintenance of functioning. Persons may remain in day care over a long period of time.

   Day hospitals, on the other hand, are health-related programs under the direction of health professionals for persons who require diagnostic, rehabilitative and therapeutic services for a scheduled period of time.

   The Coordinated Home Care Program is a health-related home care program funded by the Department of Social Services and Community Health and administered and delivered by 26 of the 27 local health authorities in Alberta. To be eligible, an individual must require a professional health service — nursing, rehabilitation therapy or speech therapy. If one is eligible, then additional support services such as homemaker services may be provided.

   Respite care is the provision of temporary care for a person in a setting such as a lodge, nursing home or auxiliary hospital. This provides a period of rest for family members who may be caring for the individual, or it may provide a period of restoration and short-term needed care for someone who is living alone. Respite care could also be provided through home care. For example, a homemaker could come in on a 24-hour basis for a brief period of time, thereby enabling a period of rest for the regular caregiver or brief help as needed for the individual who is alone.

3. "A Review of the Coordinated Home Care Program for Alberta Social Services and Community Health," Resources Management Consultants (Alberta) Ltd., March, 1983.

   "Alberta Coordinated Home Care Program — Entry Study," Abt Associates, October, 1981.

"Report and Recommendations," Alberta Nursing Home Review Panel, Alberta Hospitals and Medical Care, March, 1982.

4. Canada, National Health and Welfare, **Manitoba/Canada Home Care Study — An Overview of the Results,** April, 1982.
5. A Comparison of Services for Seniors in Alberta, Ontario, British Columbia and Saskatchewan made by the Senior Citizens Bureau, March, 1983.
6. Nardone, M., "Characteristics Predicting Community Care for Mentally Ill Older Persons," **The Gerontologist,** Vol. 20, Number 6 (December, 1980), pp. 661-668.
7. Senior Citizens Bureau, unpublished paper, 1983.
8. This is supported in a recent major study in Saskatchewan conducted by the Division of Geriatric Medicine, University of Saskatchewan, "Long Term Care of the Elderly," 1982; numerous other studies also report this finding.
9. Senior Citizens Bureau, "Older Persons in Alberta: Their Use of Programs and Services," 1982.

APPENDIX A

SECOND CANADIAN CONFERENCE ON AGING

Report Submitted to the Minister of Social Services and Community Health by the Chairman of the Provincial Senior Citizens Advisory Council

1983 Report
Provincial Senior Citizens Advisory Council

REPORT ON THE SECOND CANADIAN CONFERENCE ON AGING SUBMITTED TO THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH

By the Chairman of the
Provincial Senior Citizens Advisory Council
November, 1983

GENERAL COMMENTS

The Second Canadian Conference on Aging was held at the Conference Centre in Ottawa, October 24 through the 27th, 1983 under the sponsorship of the Minister of National Health and Welfare. This report contains some highlights of the Conference.

The Conference theme was "Canada and the World Assembly on Aging: A Challenge to Action."

The objectives of the Conference were to present a report on the World Assembly on Aging and to relate aspects of the International Plan of Action on Aging to the Canadian scene. Those attending were asked to develop goals, strategies and proposals to meet nine issues, identified in the Canadian Governmental Report to the World Assembly as being of major concern to Canada. In addition, the Conference was to serve as a catalyst in stimulating continuing dialogue between and among governments and non-governmental bodies on issues relating to aging.

Three hundred persons were invited to attend, 100 persons representing governments (30 from the federal government and 70 appointed by the provincial and territorial governments), and 200 non-governmental persons, many of them senior citizens, who were invited by the Minister of Health and Welfare. Fifteen persons from the non-governmental sector in Alberta were invited to attend, and all but one did so. There were five representatives from the provincial government — two from Social Services and Community Health, two from Hospitals and Medical Care, and one from the Alberta Housing Corporation. A representative from Recreation and Parks, appointed to attend, was unable to do so.

The Conference had three plenary sessions: the opening session Monday evening, at which time a report was made on the World Assembly; Tuesday evening, at which time an expert panel commented on income security; and the closing session on Thursday morning. The majority of the Conference time was spent in individual Work Group discussions on nine separate issues. Each participant was assigned to a specific Work Group.

OPENING PLENARY SESSION: THE UNITED NATIONS WORLD ASSEMBLY ON AGING: IMPLICATIONS FOR CANADA

Chaired by the Honourable Monique Begin, Minister of National Health and Welfare, a panel of six persons who were members of the Canadian delegation to the World Assembly on Aging presented their impressions; some of the highlights were

— We have to consider the changes needed in society with the increasing aging Canadian population.

— The growing numbers of older persons are a challenge for governments at all levels and an issue that must be addressed with no more resources than we now have.

— Old people are autonomous and responsible individuals, who want to be full-fledged members of society. We need to fight against the stereotype that the old are ill and cannot do anything. Some do have problems and governments can help, but the bureaucratization of services makes us forget that the old are responsible individuals who deserve to participate. We have to find mechanisms to enable them to do so. Paternalism does not work anymore.

— Some of the challenges now are to examine retirement policies, find ways for older persons to be producers and change the whole climate in which aging occurs.

— Governments are responsible for essential services, but in addition governments must assist families and communities to help keep older people at home, for the government cannot replace the role of the family and voluntary groups.

— We must enable the elderly to remain as independent as possible. This is the principle behind many of the policies recommended in the International Plan. We must give priority to developing alternative resources to delay institutionalization. Senior citizens are often forced to give up their independence. The nine percent in institutions might not have to be there if community services existed. The development of community services would have cost benefits.

— It is interesting to compare Canada with the underdeveloped countries. There the family unit is more important, and the elderly are seen as a more important resource and participate to a greater extent. We could learn from the third world countries where the concept of family is different. One does not have to be a blood relative to be "family". Families are rather connections of people who care about each other. An "elder" belongs to the community. Perhaps we in Canada need to take a look at a new concept of family.

— The World Assembly will have met its objectives if it stimulates change.

— We need now to change planning into action.

— The non-governmental sector is at the forefront for we must start at the local level, and turn talk into tasks and planning into programs.

— Thought must become constructive action. The time is now!

— The Governments are limited in what they can do. It is up to each of us to become involved.

NOTE: Canada was the only country that involved non-governmental persons in its national delegation.

WORK GROUP REPORTS

The Work Groups were asked to come up with strategies for action related to their specific issues. As this is a synopsis, many of the details of the points and suggestions are omitted; the full reports are available for those who wish to review them.

WORK GROUP NO. 1:

THE PROMOTION AND PROTECTION OF HEALTH AND THE PREVENTION AND/OR CONTROL OF DISEASE

It was suggested that

1. Governments should increase allocations for health promotion.
2. The involvement of seniors in the planning of health programs should be increased (three levels of government should consult seniors' organizations).
3. The research community should focus on prevention and promotion (give priority to research on health promotion and rehabilitation techniques, disseminate research findings, assist community agencies in evaluative techniques).
4. Nutrition of the elderly should be improved, particularly in institutions.
5. A better understanding of the benefits and adverse side effects of prescription and non-prescription drugs should be promoted.
6. Awareness of the benefits of physical activity as it relates to older persons should be improved.
7. Mental health in older persons should be preserved. A federal symposium on mental health of the elderly and more counselling services were suggested.
8. The collection and use of data on the health and well-being of the elderly should be encouraged.
9. All levels of government should use existing sources of data, particularly to aid in reaching the high risk elderly.
10. Networks should be established to enhance information exchange related to the promotion of the health and well-being of the elderly and the prevention/control of disease.

The Work Group proposed that the coordinating function of the Office on Aging (federal) be strengthened.

The Group also endorsed the position taken by the Minister of National Health and Welfare to protect the National Health Insurance System and urged the federal government to adopt the WHO/UNICEF declaration of primary health care and the WHO goal of health for all by the year 2006.

WORK GROUP NO. 2, SECTION (a): HEALTH

THE IMPROVEMENT AND MAINTENANCE OF HEALTH AND SOCIAL MEASURES TO ASSIST AGED PERSONS AND/OR FAMILIES CARING FOR THEM

1. Support should be given to the family and other caregivers — information, counselling, assessment services, financial assistance (for example, income tax rebates).
2. Volunteers should be used to help care for elderly persons at home — plan an organized system, involve men, involve retired persons with special skills, involve unions in planning, cover out-of-pocket expenses, have paid volunteer coordinator positions.
3. Coordination of services should be improved at all levels of government by identifying services, having central access to local services, establishing federal and provincial Ministries on Aging.
4. Rehabilitation principles should be part of the care of the aged by developing a positive attitude towards this in health professionals, by understanding that older persons have a right to rehabilitation, by including this in all professional educational programs and increasing the number of therapists.
5. The physical, psychosocial and spiritual needs of dying patients should be addressed, including support for those who wish to die at home.
6. The rate of institutional care should be reduced through the use of temporary admissions, relief admissions and the development of increased domiciliary and community resources.
7. There should be more studies on the cost-benefit and cost-effectiveness of home care in respect to institutional care.
8. Ways should be explored to improve the care and quality of life of elderly persons in institutions.
9. The use of private enterprise in providing services should be evaluated; the public sector should have the freedom to purchase services from the private sector.
10. The role of technology in the care of the aged should be studied. Technology could help maintain the frail elderly at home through the use of monitoring devices.
11. Education should be established beginning at an early age to promote a greater understanding of aging and the elderly.

WORK GROUP NO. 2, SECTION (b): SOCIAL

THE IMPROVEMENT AND MAINTENANCE OF HEALTH AND SOCIAL MEASURES TO ASSIST AGED PERSONS AND/OR FAMILIES CARING FOR THEM

1. Older persons should be encouraged to care for themselves, and support services should be increased to enable them to do so.
2. Financial and other supports for families (or other caregivers) should be promoted — economic incentives (tax exemptions or direct payments) and relief services (respite care, day care). Children may not always be able to be a caring resource, and professionals must be sensitive to the rights of the family and offer, but not impose, support.
3. Persons should be encouraged to develop their own informal networks of support. Governments can play a facilitating role and encourage volunteerism through education. More research about older persons' use of informal networks is needed.
4. There are problems with the accessibility of many services due to a number of factors. There is a need for a single point of entry to services. The role of the senior centre should be expanded so it can provide a focal point for information; new types of information systems should be utilized, and outreach workers considered to reach the more isolated persons.
5. Ways need to be considered for the coordination of services. There should be local planning or coordinating bodies mandated by government (provincial) to identify local needs and set priorities.
6. Home care is a key component in the formal network of services, in particular home help and homemaker services, with an integration of these with health services at the delivery level. Incentives should be developed to attract homemakers and establish standards for them.
7. There is a need for better planning and evaluation of services so that financial resources will be used most effectively (perhaps re-allocation of funds to more efficient and effective services). The federal government should review fiscal arrangements with the provinces/territories with a view to increasing cost-sharing for senior citizens' programs.

WORK GROUP NO. 3:

THE DEVELOPMENT OF PROTECTIVE MEASURES AGAINST CRIME AND ABUSE OF THE AGED

1. Concerning protection against crime and abuse, there is a need for citizen responsibility and involvement in developing court watch programs (to monitor and record results of cases involving older victims and to provide them with support) and in helping those charged with the care of the aged to develop security plans.
2. Concerning the responsibility of aging persons, they should be enabled to develop and administer action-oriented and educational programs which could be aimed at people throughout life — encourage the attitude that older persons

should help themselves, save for retirement, know community resources and learn how to protect themselves against crime and abuse.

3. Concerning the responsibility of others to aging persons, there are various programs that can be considered — Neighbourhood Watch, Letter Carrier Alert and other support services, as well as education of medical persons to report cases of abuse and the use of the media for the provision of information.
4. Concerning government responsibility, governments should provide leadership, encourage voluntary services and provide information; law-makers should update and consolidate laws, keeping them effective.
5. There is a need for more research and improved methods of reporting crime and abuse to build a reliable data base for planning and program development.
6. There is a need for education and information about crime and abuse of older persons.
7. Looking at the future, these proposals should be studied by groups at the community level, groups involving older persons. Municipal governments should be kept informed, and provincial and federal governments should provide help (including funding) to enable local groups to design programs dealing with the problems of abuse and crime against the elderly.

WORK GROUP NO. 4:

THE DEVELOPMENT OF A RANGE OF OPTIONAL LIVING ARRANGEMENTS FOR THE AGED

1. The provision of a range of housing for seniors should be facilitated through public, private, co-op, non-profit and private entrepreneurial sponsorship.
2. The review by all levels of governments of constraints that delay the development of new and innovative types of seniors' housing was advocated — develop information packages for sponsors, explaining programs; develop guidelines for sponsoring groups.
3. It should be ensured that in new construction there are multiple dwelling units universally accessible to the physically disabled.
4. Ways relating to the use of home equity by elderly homeowners should be examined (for example, reverse mortgages, sharing homes, etc.).
5. Ways should be looked at which will increase the use of the financial resources of senior citizens in the provision of housing for the elderly.
6. Housing problems encountered by the rural elderly should be examined.
7. Governments should continue their support for housing for low-income elderly.
8. Standards should be set for facilities such as lodges, special care homes and rest homes; they should be licensed and regularly inspected by the province and have admission and discharge criteria.
9. To help older people remain in the community, a number of suggestions were made — build smaller homes, granny flats; ensure home maintenance services, home sharing.

10. Relevant government departments should facilitate the development of multi-level care facilities.

WORK GROUP NO.5:

THE IMPROVEMENT OF TRANSPORTATION ARRANGEMENTS IN RESPECT TO THE AGED

The Work Group felt that the ultimate goal of all levels of government and transportation service providers should be accessible, available and affordable transportation for all citizens.

It made the following priority recommendations:

1. That Governments at all levels adopt a broad policy guideline on a comprehensive, integrated and flexible transportation system with the aim of allowing older persons as much access to the community as other sectors of the general public.
2. Whereas obtaining adequate transportation is generally acknowledged to be a priority for older people because it gives them access to community resources; and whereas a number of recommendations have been adopted by the Transportation Work Group at the Second Canadian Conference on Aging which should be pursued further; and whereas a need exists for formal communication links to be established between governments at all levels and non-government agencies to exchange information, policy and program proposals which are concerned with transportation; be it resolved that the National Advisory Council on Aging form a Transportation Committee.
3. That information bureaus on transportation services be established and that an on-going public awareness program be part of the service.
4. That flexible and cooperative transportation systems using volunteers be seriously considered.
5. That special efforts be made to involve older persons in the planning of new transportation systems and in the modification of existing ones.

WORK GROUP NO. 6:

THE IMPROVEMENT OF EMPLOYMENT AND RETIREMENT OPTIONS FOR OLDER WORKERS

1. The needed objectives are improved flexibility in retirement options and income protection.
2. At all ages there should be adequate access to education and training.
3. There should be no age bar to work.
4. There should be more senior leadership and more multi-sector action.
5. Decisions about work and retirement need to be accelerated.
6. Actions to be taken include:
   a) reducing prejudice against older workers, having gradual entry into full retirement with more access to part-time work;

b) expanding education and training, starting in high school, for the choices taken when young affect one's retirement;

c) removing any disincentives to work for retired persons (stop penalizing part-time work and harmonize income transfers).

WORK GROUP NO. 7:

THE PROMOTION OF LIFE-LONG PREPARATION FOR SUCCESSFUL AGING

The following plans for action were proposed:

1. Establish Ministries on Aging at the Cabinet level, federally, provincially and in the territories.
2. Strengthen the National Advisory Council on Aging with additional staff and resources.
3. Promote the establishment of provincial and territorial Advisory Councils on Aging across Canada.
4. Link provincial and territorial Advisory Councils on Aging with the National Advisory Council on Aging.
5. Provide education programs with older adults — for older people within the educational system; for professionals; for the general public.
6. Promote research and evaluation to establish effective programs to meet the needs of older adults and to investigate intergenerational relationships.
7. Promote information and communication — have access to information through toll-free telephone numbers and information leaflets; give information about resources to support senior activities; use the media to promote more positive attitudes about aging; establish one organization to act as a voice for all Canadian older adults; promote a national publication.
8. Have self-enrichment programs which include counselling on the use of leisure time, health promotion, assertiveness training and so forth.
9. Encourage intergenerational programs — link older adults to other age groups; governments should consider financially supporting retired people caring for older relatives.

WORK GROUP NO. 8:

THE PROMOTION OF RESEARCH, EDUCATION AND TRAINING ENDEAVOURS IN RESPECT TO AGING

The Work Group identified the issues it considers to be critical ones in the coming ten to fifteen years and identified strategies in respect to education and research — for governments, universities, researchers, professionals, professional associations and associations of older persons. It suggested for follow-up to the Conference that

1. Health and Welfare establish a Directorate on Aging;

2. Ministers of Health and Welfare at the provincial and federal levels convene meetings of university officials to promote aging content in research and education;
3. Statistics Canada conduct surveys of the elderly;
4. The Social Sciences and Humanities Research Council (SSHRC) continue to expand support for its grants program in Population Aging;
5. Provincial Government Ministries charged with higher education, health and social welfare plan for funding, on a continuing basis, gerontology centres in Canada's five regions;
6. The federal government continue to expand support for granting agencies and programs of departments that impinge on aging research;
7. The Medical Research Council and SSHRC support longitudinal research;
8. The Medical Research Council implement its intention to establish a committee to define policies and review proposals for gerontological research;
9. The Natural Sciences and Engineering Research Council and the National Research Council invite interdisciplinary proposals;
10. Researchers translate research results into non-technical language for public use and invite older persons to participate in the design of their research.

WORK GROUP NO. 9:

THE INVOLVEMENT OF OLDER PERSONS IN SOCIETY'S POLICY AND DECISION-MAKING PROCESS

The Work Group took as its primary goal the following statement from the Canadian Non-Governmental Report — "Our senior citizen population must be a functional, useful, integral part of Canadian society. Anything less must be unacceptable." Therefore:

1. Policy-makers in the public domain need to be informed that seniors should be involved in policy development and implementation. The National Advisory Council on Aging should forward this concern to all relevant jurisdictions and then monitor the situation, reporting on it to all relevant bodies.
2. There is a need to develop seniors' readiness to participate and a number of strategies were suggested, including a possible future national coalition of seniors' organizations.
3. Seniors' organizations need to develop competence in political action.
4. Other suggestions were made to encourage seniors' participation in society in general — working in schools and in palliative care units, developing senior talent banks, providing leadership training.

In conclusion, this Work Group draws your attention to the fact that we have deliberately left open-ended some major lines of action. What happens will be influenced by local, regional, provincial and territorial circumstances — climatic, urban-rural, social, cultural, economic, spiritual and historical elements.

This Work Group appreciates the present very substantial involvement of seniors in community endeavours. We see this positive situation being further enhanced if our suggestions are implemented: this is our intent.

CLOSING PLENARY SESSION, OCTOBER 27

The Secretary of State for the Elderly, France, spoke about the various policies established for the elderly in that country. Among other things he emphasized that, following the establishment of his office in 1980, there was a great expansion of homemaker services for the elderly. This was because of the policy of the Government to maintain seniors at home. Grants from the Secretary of State's office are now funding 474,000 home helpers who provide small housekeeping tasks and talk with the elderly to counteract loneliness and isolation. Also, 18,000 nurses providing services at home are being funded.

The elderly used to be put in large institutions, and the Government is now trying to keep them at home or use smaller, more adequate, group homes or homes under 80 beds in size.

In addition, a National Committee on the Elderly has been established. There will be an emphasis on "prevention" for younger retirees, and an emphasis on information for the elderly.

Following a brief report on the Work Group discussions, Walter Lyons presented his thoughts on the Conference and made suggestions for follow-up to it. He challenged the seniors to

> liberate ourselves, to release ourselves for participation; to seize the opportunities wherever and however they exist and our vision can perceive them, at whatever level and on whatever issue, to stop being afraid but rather to risk and to dare, to represent our fellow seniors in the best way we know how, accepting that none of us are perfectly able in this regard... Participation, effective participation, does not just happen.

The Minister of National Health and Welfare closed the Conference by accepting a number of Mr. Lyons' suggestions. She will forward a report on the Conference to her provincial colleagues and will pursue discussion with them. She will try to ensure, if at all possible, that national conferences on aging be held every five years. She committed herself to the establishment of a Clearinghouse on Aging at the federal level to provide information and data. Concerning a continuing consultation mechanism with Conference delegates (keeping in contact with them so they can monitor follow-up to the Conference), she will determine how this best can be done. All participants will receive copies of the Proceedings.

In her closing remarks she said that everyone should make a special effort to overcome what Dr. Alex Comfort referred to as socio-genic aging — the idea that

the attitudes of society determine the way people see themselves. She said:

> Unless we free our minds of the fallacies that the retirement generation is a social burden which must be cared for, instead of an ever-expanding segment of our society which, for the most part, is intelligent, skilled, educable and employable, we will be missing the boat and doing Canada a disservice and an injustice.
>
> Older persons have potential because persons of all ages can change and grow. As more elderly persons have written about their experiences of aging, the fact that they grow more intense and become more passionate in their convictions is an indication of the potentialities.

APPENDIX B

BACKGROUND PAPER FOR A RESEARCH FUND ON AGING

A Background Paper Prepared for the
Provincial Senior Citizens Advisory Council 1983
Report to the Minister of
Social Services and Community Health

1983 Report
Provincial Senior Citizens Advisory Council

TABLE OF CONTENTS

Page

I. BACKGROUND 43

II. THE NEED FOR A RESEARCH FUND ON AGING 43
- A. Funds for Research on Aging 44
- B. Alberta Researchers 47
- C. Miscellaneous Considerations 49
- D. Benefits to Alberta in Promoting Research on Aging 50

III. A DESIGN FOR ADMINISTERING A RESEARCH FUND 50
- A. Organizational Structure 51
  - 1. Research Subcommittee 51
  - 2. Membership 51
  - 3. Terms of Reference 51
  - 4. Financing 51
  - 5. Accountability 52
- B. Administration of Research Grants 52
  - 1. Selection Process 52
  - 2. Approval Process 53
  - 3. Financial Administration 53
  - 4. Reports 53

IV. SUMMARY AND RECOMMENDATIONS 54

FOOTNOTES 55
ATTACHMENTS 57

I. BACKGROUND

Canadian activities in gerontology began to escalate in the early 1970's. Associations such as the Canadian Association on Gerontology and its provincial counterparts and Councils of Aging were established across Canada. Similarly, funding agencies such as the Social Sciences and Humanities Research Council and the Gerontology Research Council of Ontario earmarked monies to support and foster research activities on gerontological issues.

The Provincial Senior Citizens Advisory Council (P.S.C.A.C.) was established in Alberta in 1976. Within the year, it had recommended to the Minister of Social Services and Community Health the need for leadership to promote research, education and community activities on aging. The Minister appointed a Steering Committee in 1978 which toured the province gathering information from consumers, providers of service, academics and other interested bodies. A proposal for an Institute of Gerontology was submitted in June, 1979 and was later tabled in the Legislature. However, the momentum and support for the Institute diminished. Not deterred, and acknowledging the downturn in the economy, the P.S.C.A.C. submitted another proposal for an Institute on Aging in 1982. The mandate of the Institute was scaled down, with the emphasis placed on research. This proposal reached the Standing Committee on the Heritage Trust Fund Act where it was tabled prior to an election call. Following the election, approval of new programs financed by the Heritage Fund was postponed. Thus, any Alberta-based promotion for gerontological research activities has remained in a state of flux.

The Provincial Senior Citizens Advisory Council is convinced that research will assist in resolving the complex medical, social and psycnological issues facing the elderly in today's society. Research specific to aging is imperative to improve and maintain the well-being of the elderly and to ensure appropriate utilization of resources. The Council is equally convinced that a separate fund on aging is required to support financially this type of research. Thus, this background paper will outline the major factors affecting gerontological research activities in Alberta and some of the benefits to be obtained from promoting these activities. In addition, a design for administering research activities on aging in Alberta is presented.

II. THE NEED FOR A RESEARCH FUND ON AGING

The Provincial Senior Citizens Advisory Council has argued for several years that a separate fund for research activities on aging is needed. The term "need" suggests that certain requirements are necessary to promote research on aging. These requirements include availability of research funds, purposeful researchers and miscellaneous factors that will support and facilitate research and encourage communication of its results. Each of these requirements is significant and will be addressed separately.

A. Funds for Research on Aging

In order to assess the need for a research fund, Council members requested information on the type and amount of financing available for research on aging. This information was gathered from a cross-Canada survey that included local, provincial, federal and private agencies (see Attachment I). In addition to being asked to reply to questions on a survey form, respondents were, when appropriate, requested to release data concerning the total research dollars allotted since 1978, the dollars allocated to gerontological research, the number of Alberta applicants and the number and the amount of successful Alberta awards. The additional information was not always available but has, where possible, been incorporated into Table I, "Summary of Selected Funding Agency Activities."

Although the survey is not comprehensive, it provides some indications of the availability and nature of funding for Alberta researchers wanting to pursue studies on aging. There are several points which require clarification or highlighting.

1. None of the seven Alberta-based agencies surveyed appear to have supported any direct research on aging and none have specific allotments of funds for this research. There have been very few applications to these agencies to fund research on aging.
2. It appears that in recent years virtually all research on aging in Alberta has been funded by federal government agencies. Hence, any Albertan wishing to do this type of research has had to compete with researchers from across Canada for funds.
3. Of the seventeen agencies surveyed, only three have specific allocations of funds for research on aging. All three are based in Ontario. Two of these give all their funds to research on aging
   - — The Gerontology Research Council of Ontario, which only supports projects conducted in Ontario;
   - — The Canadian Geriatrics Research Society, which only supports medical research.

   The Social Sciences and Humanities Research Council, a federally sponsored agency which has allotted about 7.5% of its annual budget to research on aging since 1979, has provided a total of about $5.5 million in the past five years.

   These three agencies appear to fund most research on aging in Canada.
4. Other national agencies (Federal Health and Welfare Grants, Natural Sciences and Engineering Research Council) do not have a specific amount allotted to gerontological studies. However, they have supported these studies if they have met their overall criteria. Once again demand from Alberta has not been extensive, nor have overall contributions to Alberta been great.
5. The Natural Sciences and Engineering Research Council appears to be the only agency that funds interdisciplinary studies. However, the princi-

TABLE 1: Summary of Selected Funding Agency Activities

Agency and Headquarters	Category	Areas of Funding	Eligibility	Number of Applications for Research Studies	Number of Awards to Alberta	Total Dollars to Research	Total Dollars to Gerontology Research
Alberta-based							
1. Alberta Foundation for Nursing Research (Edmonton)	government sponsored	must have a nursing focus	R.N. Associated with Alberta institution	**1983** first year of operation: TOTAL: 25 Geron-related: 2	no. not decided until Oct. 1983; all awards will be in AB	up to a maximum of $200,000/annum includes seed projects and similar programs	not yet known — no specific allocation
2. Alberta Heritage Foundation for Medical Research (Edmonton)	government sponsored	medical sciences; grants limited to personnel, equipment, start up cost	scientists sponsored by an Alberta university	**1980** first year of operation: TOTAL: 2500 (estimate) Geron: 0	official figures not available, approximately 50% of requests funded	$42 million since 1980 includes studentship, fellowship, faculty researcher & equipment programs	none directly — no specific allocation
3. Alberta Mental Health Advisory Council Research Fund (Edmonton)	government sponsored	any issues related to mental health	Alberta researcher	Since **1978** TOTAL: 175 Geron: 2	TOTAL: 84 since 1978	approximately $1.6 million since 1978	none — no specific allocation
4. Devonian Group of Charitable Foundations (Calgary)	private	public parks, veterinary medicine, scientific studies	universities, charitable organizations within Canada	information not available; Foundation is phasing out and not supporting any more scientific studies	information not available	approximately $9 million from 1973 to 1983	none — no specific allocation
5. Clifford E. Lee Foundation (Edmonton)	private	no research; supports community & program projects in arts, child care, education, health, natives, natural and social sciences	any charitable organization in N. Alberta, N.W.T. & International work without political or religious ideology	none for research	none for research	none	none — no specific allocation
6. M.S.I. Foundation (Edmonton)	private	clinical and applied medical research	Alberta researcher sponsored by organization with charitable registration number	Since **1970** TOTAL: 382 Geron: 3	TOTAL: 156 Since 1970; all awards in Alberta	$2.5 million since 1970	none — no specific allocation
7. Muttart Foundation (Edmonton)	private	disadvantaged, handicapped, "grass roots" projects (no research)	anybody, anywhere in the world	not known	not known	none	none — no specific allocation

TABLE 1: Summary of Selected Funding Agency Activities (continued)

Agency and Headquarters	Category	Areas of Funding	Eligibility	Number of Applications for Research Studies	Number of Awards to Alberta	Total Dollars to Research	Total Dollars to Gerontology Research
Nationally-based							
8. Canada Mortgage and Housing Corp. (Ottawa)	government sponsored	any area with a focus on housing	anyone in Canada	Since 1980 TOTAL: 570 Geron: 62 Alberta: 20	TOTAL: 2 since 1980	approximately $1.5 million since 1980 Alberta: $22,500	approximately $157,000 since 1980 — no specific allocation
9. National Welfare Grants Program (Ottawa)	government sponsored	social welfare issues	Canadian academic scientist	Since 1978 TOTAL: 272 Geron: 18 Alberta: 1 Total no. of funds have decreased over past 5 years; receiving less applications	TOTAL: 1 since 1978	approximately $17 million since 1978	approximately $1.1 million since 1978 — no specific allocation (Alberta: $269,300)
10. National Health, Research and Development Program (Ottawa)	government sponsored	scientific studies on health care organization, environment health hazards, lifestyle and biology	Canadian institution capable of scholarly studies	Since 1981 TOTAL 978 Geron: 2 (Alta.) Alberta: 39	TOTAL: 12 since 1981	approximately $19.2 million since 1981	approximately $1.2 million since 1981 — no specific allocation (Alberta: $385,764)
11. Natural Sciences and Engineering Research Council (Ottawa)	government sponsored	scientific studies in natural sciences and engineering disciplines, some interdisciplinary	Canadian university or private school	information not available	TOTAL: 1 (1982-83)	information not available	no specific allocation (Alberta: $8,570 — 1982-83)
12. Social Sciences and Humanities Research Council (Ottawa)	government sponsored	social research	university-based researchers and private scholars in Canada	Since 1979 TOTAL: not available Geron: 316 Alberta: 5 These figures could not be confirmed.	TOTAL: 4 since 1979	approximately $74.5 million	since 1979 about 7.5% of annual budget (about $1.1 million year) (Alberta: $127,000)
Other							
13. Max Bell Foundation (Toronto)	private	program focus in health services, media, sports, veterinary research, ocean water research	Canadian registered charities	Since 1978 TOTAL: not known Geron: 1 or 2 Alberta: not known	TOTAL: 1 since 1978	approximately $2 million since 1978	none — no specific allocation
14. Canadian Geriatrics Research Society (Toronto)	private	clinical, applied and basic research in geriatric medicine	medical doctor or scientist in Canada	Since 1978 TOTAL: not known Alberta: 4	TOTAL: 1 since 1978	over $1 million since 1978	geriatric medicine only — over $1 million since 1978
15. Gerontology Research Council of Ontario (Hamilton)	private (established with Lottery funds)	scholarships, fellowships, research projects related to gerontology	scholars, residents in Ontario	Since 1980 TOTAL: 64 Alberta: 0	none	over $823,000 since 1980	over $823,000 since 1980
16. Audrey S. Hellyer Charitable Foundation (Don Mills)	private	oriented to projects; sometimes approve small medical research projects	any group that directors approve	not known	not known	not known	$2,000 in 1982-83 — no specific allocation
17. McLean Foundation (Toronto)	private	program focus, with community, social benefit (no research)	charitable organization	none	none	none	none

pal investigator must belong to one of the natural sciences (biology, physiology, etc.) or engineering disciplines.

6. There are three funding agencies currently subsidized by the Alberta government: Alberta Heritage Foundation for Medical Research, Alberta Foundation for Nursing Research, and the Alberta Mental Health Advisory Council Research Fund. Each of these agencies has restrictive eligibility requirements. It is possible that future projects may be related to gerontology even though only two, funded by the Mental Health Advisory Council, have been approved since 1978.
7. It may be worth noting that most funding for studies on aging is from agencies based in Ontario.

It is evident from this survey that although there are some monies available for research on aging, the quantity is very limited and it is restricted by eligibility requirements. Although medical studies in general appear to have adequate financial support, only a small proportion is specifically allocated to geriatric medicine. Figures outlining specific amounts directed to Alberta-based medical researchers in this field could not be obtained. Non-medical researchers (e.g., social welfare, health service delivery) have monies available to them primarily through federal government agencies. Only one of these agencies has allocated a specific amount for research on aging (the Social Sciences and Humanities Research Council). At most agencies, the number of overall applications is increasing annually, and any applications for research on aging are in competition with the broader categories of social, health and natural science research applications. Clearly, there is great uncertainty as to the amount of funding that will be funnelled into research on aging. This is particularly true in Alberta, where no local agencies have allocated any funds for direct research on aging.

B. **Alberta Researchers**

Several interviews (direct and telephone) were conducted with researchers throughout Alberta. This included interviews with academics from three universities, with representatives from the Alberta Association on Gerontology Research Committee and with representatives from service agencies (see Attachment II).

There was a great deal of difficulty in collecting this data as currently the researchers rely on an informal communication system. Without completing a major survey, there is no way of determining who the researchers are, where they are, what research on aging has been completed or what is currently underway. From a practical viewpoint this presents concerns about communication of research activities and the utilization of research results.

In spite of this limitation, a number of researchers were contacted, and at least an approximation of current activities and concerns could be documented. These can be summarized as follows:

1. University of Alberta

   The President's Committee on Gerontology has been disbanded and

The Centre for Gerontology formally established. The Centre is aware of at least 80 faculty members who are interested in pursuing research on aging. This past summer it has been attempting to identify what research has been completed and what is currently underway. The Centre's mandate includes facilitating research on aging, but not providing financial support to researchers.

2. University of Calgary

   The President's Committee on Gerontology has not been active over the past year. However, researchers previously active in research on aging appear to continue their efforts. The sharing of research activities is informal. There is a special committee reviewing the needs of and for interdisciplinary research. One of these researchers felt there was funding available for basic research[1] projects although the amount of the grant was often insufficient to cover all research costs. Obtaining grants for applied or interdisciplinary research[2] was thought to be more difficult than obtaining grants for basic research.

3. University of Lethbridge

   There is currently no research on aging being undertaken, although several faculty members have expressed interest in this area. The belief is that there is not very much funding allotted for aging research and since there is some pressure on faculty members to bring research grants into the university, they direct their energies towards obtaining funding for research into the basic or natural sciences.

4. Service Areas

   Research activities tend to have lower priority in these settings. Although the desire and intent of these researchers may be high, the operational demands overshadow research desires. This problem is accentuated and perpetuated if the funding agencies do not provide sufficient grant monies to cover support staff or capital requirements. Thus, in areas where the study population is accessible, a very small proportion of research is being conducted.

In addition, the information gathered from the researchers provided at least two common themes that warrant more discussion: the competition for existing funds, and the lack of incentives to conduct research on aging.

1. Competition for Existing Funds

   The competition for existing funds has previously been noted. There are numerous restrictions on eligibility that dictate the type of research that will be conducted. This may contravene the notion of conducting research on the basis of need or interest. It was also suggested frequently that many research activities were conducted surreptitiously under the umbrella of some larger research project. Another method was to carry out the research activities as monies became available through the university departments. It was unknown how common or frequent these practices were. However, it would seem that existing

funding mechanisms do not provide a climate for a serious approach to conducting research on aging in the Province of Alberta.

2. Lack of Incentives to Conduct Research on Aging
   Since it is perceived that competition for existing funds is high and the probability of being rewarded with a research grant in gerontology is low, many researchers who might be interested in this area prefer to submit research proposals where there is a higher success rate. This uncertainty of obtaining applicable research monies is also believed to be a deterrent in attracting national and international expertise to participate in Alberta-based research studies. These factors generally lead researchers to believe that research on aging is considered to be low priority. Without more financial support, there is little incentive for the researcher to pursue research on aging.

C. **Miscellaneous Considerations**

Over the past few years several organizations attending to the needs and concerns of aging have been established. All of them have some interest and role in promoting research on aging. These organizations include the:

1. Senior Citizens Bureau, which compiles statistical and other information on areas of concern to older persons.
2. Alberta Council on Aging, which encourages research and compilation of information on aging and conducts research on a contract basis.
3. Alberta Association of Gerontology, which has established a subcommittee on research and plans to promote studies on aging and compile an annotated bibliography of Alberta-based gerontological research completed to date.
4. The Centre for Gerontology, University of Alberta, which plans to coordinate campus activities (research, education and service) related to gerontology, and encourage and facilitate research activities. There are similar centres at the Universities of Manitoba, Toronto, and Guelph, and at Simon Fraser University.
5. Youville Wing, Edmonton General Hospital, which has staff qualified to do clinical research, but does not have space and must get funding from an outside agency.

These organizations can work cooperatively to provide support for research activities. Unfortunately, there is no formal network among them. The lack of coordination of research activities could result in a very competitive environment among these bodies for the scarce financial resources for research (with the exception of the Senior Citizens Bureau, which is a provincial government office and does not compete for grants-in-aid for research). The other considerations regarding coordination are the current inability to prevent duplication in research activities, the difficulty in determining actual need for research activities and the lack of a vehicle to promote use of research results. Without this coordination, research on aging will probably continue to have little impact in this province.

D. Benefits to Alberta in Promoting Research on Aging

Although acknowledged as a general indicator of health status, increased longevity also creates specific problems and needs for both the elderly and society. Statistics Canada has projected that the number of people age 65 and over will almost double by the year 2000. Thus, problems associated with aging have the potential to reach crisis proportions over the next two decades.

Currently there is not sufficient knowledge about aging to address appropriately or efficiently the problems it raises. Therein lies the potential for crisis. Therein also lie the potential benefits to Albertans if secure funding were provided to facilitate research on aging.

To date, it is difficult to ascertain the impact research on aging has had. There is no one reason for this, although several contributing factors have been discussed in this paper. The point to be made is that systematic research on aging could benefit the development of programs, and policy decision-making. Primary examples of this include identifying the

- effectiveness and utilization of medications to achieve treatment goals,
- compliance rate and outcome of medication regimes,
- benefit of early diagnosis of dysfunction and illness and subsequently identifying appropriate treatment plans,
- factors that enhance well-being and delay dependency,
- effectiveness of service locales and types of services,
- impact of pre-retirement programs,
- effectiveness of alternatives to institutional care,
- impact of various laws on the elderly,
- ethical issues involved in treating the severely disabled or very old,
- social environment that promotes or facilitates independence in the elderly,
- more effective use of existing data bases.

Many results from these types of projects could be applied across national boundaries. There are also some projects that require a regional or provincial perspective in order to be truly effective, such as those dealing with social environment and mixes of service. If research on aging were to be seriously supported in this province, the most obvious result would be that costs for services could be reduced, and at the same time the quality of life for elderly residents could be improved. The next section of this paper proposes a way to establish and administer a research fund on aging in Alberta.

III. A DESIGN FOR ADMINISTERING A RESEARCH FUND

The Council has been working to overcome some of the major obstacles to research on aging in Alberta for several years, without satisfactory results. To continue its efforts the Council is now proposing a very specific and affordable step — a research fund on aging. The fund, described below, is a workable solution to many of the problems discouraging more and better research on aging in Alberta.

A. Organizational Structure

1. Research Subcommittee

   The fund would be administered under a Research Subcommittee of the Provincial Senior Citizens Advisory Council. This would be a standing committee and could be formed through a Ministerial Order to clarify its status.

2. Membership

   There would be a total of nine members serving on this Subcommittee appointed by the Minister. Some could be appointed from the Advisory Council and others only for this Subcommittee. Some members should be representatives from the various disciplines involved in the study of aging. The members would serve two-year or three-year terms on a rotating basis. The chairman of the Subcommittee would be responsible for administrative activities. There would be no honoraria for members. However, the Subcommittee would cover members' out-of-pocket expenses related to completing the tasks of the Subcommittee.

   The Subcommittee would appoint a Scientific Advisory Committee composed of professionals with expertise in the appropriate fields of study. Appointments would be on a one-year or two-year rotating basis. The Advisory Committee would review and advise the Subcommittee regarding the quality of the research applications. The reviewers would be paid for each application assessed, in addition to out-of-pocket expenses incurred while attending to Subcommittee responsibilities.

3. Terms of Reference

   The primary objective would be to facilitate research on aging in Alberta, particularly applied research on gerontology, by administering a grants program. Other activities related to research, including fellowships, scholarships and educational programs, would not be included in this program.

   The Subcommittee members would facilitate research specific to aging by:

   a) reviewing the applications submitted to the Subcommittee,
   b) setting priorities concerning acceptable and eligible study proposals,
   c) recommending financing of specific studies to the Minister,
   d) monitoring studies financed through the Council,
   e) providing any recommendations to Council regarding research on aging.

4. Financing

   The Council would approach the Minister to obtain approval for operating and research funds. An allocation from the Alberta Heritage Savings Trust Fund or from lottery revenues (the Gerontology Research Council of Ontario was established with lottery funds) could be considered as a potential source of financing. The estimated annual budget could be

$250,000 per annum for research grants, plus administrative costs (the latter could be at least partially absorbed through the use of Departmental resources).

a) Research Grants

Grants for research projects could be administered to a maximum of $250,000 per annum over the first three years of the program. Thereafter, depending upon the demands and the success of the program, this maximum could be re-evaluated and either increased or decreased as justified. Grants would only be administered to those projects meeting the criteria established by the Subcommittee and approved by the Scientific Advisory Committee, the Subcommittee, the Council and the Minister. Two types of grants would be awarded:

i **Matching grants** would be awarded to those types of projects that have assurance of financing from one of the existing funding agencies. The award would cover any portion of the expenses up to a maximum of one-half of the total costs of the research project.

ii **Special grants** would be awarded to those projects that cannot obtain financing from existing funding agencies.The principal investigator would have to justify why the funding was difficult to secure and how the project results would contribute to the study of aging. Special grants would cover 100 percent of the research project costs.

b) Operating Expenses

The costs of administering the research fund would include clerical support staff, stationery and postage, promotional activities and out-of-pocket expenses for Subcommittee and Scientific Advisory Committee members. The chairman of the Subcommittee would be responsible for overseeing the administration and operating expenses of the fund.

5. Accountability

The Subcommittee would be required to make an annual report of its activities that would include the accepted form of financial audit. In addition, the effectiveness and impact of the grant program should be monitored and reviewed at regular intervals.

The Subcommittee would be accountable to the Minister of Social Services and Community Health through the Provincial Senior Citizens Advisory Council.

B. **Administration of Research Grants**

1. Selection Process

All applications related to the study of aging would be reviewed by the Subcommittee and judged by the following criteria:

a) **Relevance** — would take into account the proposal's potential for knowledge transfer, its impact on the study of aging and improving

the status of the elderly.

b) **Scientific and Technical Merit** — would be appraised by appropriate experts and further discussed at the Scientific Advisory Committee's reviews. Reviewers' comments would be anonymously available to the applicants.

c) **Principal Investigators** — would have to hold an appointment or be affiliated with an **Alberta**-based organization.

d) **Budget Estimates** — for the duration of the project would have to be submitted with all proposals. Projects lasting more than twelve months would have to have their funding requirements reviewed annually (conditional on demonstrated progress). Funding would be intended to cover direct research costs only. Under exceptional circumstances, funding might cover other costs for an interim period only.

2. Approval Process

Following assessment and discussion, the Scientific Advisory Committee would forward recommendations to the Subcommittee. The Subcommittee would review the recommendations and would submit the proposals in order of priority, with recommendations regarding funding, to the Advisory Council. The Council would forward these recommendations to the Minister for final decision.

All applicants would be notified of their approval status following the Minister's decision.

3. Financial Administration

Grant recipients would be held accountable for administering the funds according to their estimate of research expenditures. Although minor variances might be expected, the grantee would have to seek approval for any major alterations to the research project. A statement of expenditures would be required once yearly for each approved funding arrangement (following March 31 and not later than May 31).

Any unspent balance of a grant would be returned at the termination of the grant period unless permission was granted from the Subcommittee to extend the grant period for purposes of completing the project.

4. Reports

A full report would have to be submitted to the Subcommittee upon completion of the research project, outlining the objective, the method, the results and conclusions. If the project exceeded twelve months and received research funding, a brief progress report would be expected in addition to the statement on expenditures.

It is expected that grant recipients would communicate their results. Any oral reports or published material should give credit to the funding source.

IV. SUMMARY AND RECOMMENDATIONS

This analysis has shown that although funds for research on aging are available, the granting of awards is both restrictive and highly competitive. Only the Province of Ontario has separate funds for this type of research. A review of the annual reports of the funding agencies also demonstrates that a majority of the awards are granted to researchers in that province. This may well have had some impact on the researchers in Alberta. There is a significant number who have expressed interest in this research area, but there are few who actively pursue and conduct research specific to aging. Apparently, the incentives are not there. There is support from several organizations who want to promote and facilitate this type of research, but their mandate does not include financing research on aging.

The disappointing conclusion from this review is that Alberta and elderly Albertans could be benefiting more from the wealth of human resources willing to work in this area. There are innumerable projects that could have a major impact on treatments and programs for the elderly. Research could also potentially reverse the increasing costs of existing provincially sponsored programs. However, the researchers must have a more secure financial base from which to work in order to realize these types of benefits.

The Provincial Senior Citizens Advisory Council has been attempting to promote research activities on aging for the last six years. To date it has received no commitment or assurances that this type of research will be supported. This can have serious and long-term effects on the growing numbers of elderly and on Alberta in general.

This background paper and the forthcoming recommendations should be viewed as one more step in stabilizing research activities on aging in this province. The recommendations are intended to support the efforts initiated by such organizations as The Centre for Gerontology and the Alberta Association on Gerontology. Support by the Alberta government for a research fund would assist in promoting research on aging and ensuring the benefits are available throughout the province.

Therefore, the following recommendations are proposed:

1. That the Government of Alberta support incentives to promote research on aging;
2. That the Minister of Social Services and Community Health establish a separate fund for research on aging;
3. That the Minister establish a Subcommittee of the Provincial Senior Citizens Advisory Council to administer the research fund.

FOOTNOTES

1. Basic research — developing or confirming knowledge in one academically recognized discipline (e.g., psychology or sociology).
2. Applied research — applying knowledge from one discipline to a specific problem. Interdisciplinary research — applying knowledge from more than one discipline to a specific problem.

ATTACHMENT I

SURVEY OF FUNDING AGENCIES

Name of Agency:

Address:

Telephone:

Contact:

1. Do you currently fund gerontological research studies that focus on
   Clinical research? Yes ____ No ____
   Social research? Yes ____ No ____
   Service delivery? Yes ____ No ____
   If yes, please elaborate, outlining nature and type of study.

2. Who is eligible to apply for funding?

3. Are there any restrictions related to type of funding sponsored (geography, etc.)?

4. Has your organization had much demand for sponsoring gerontological research? If yes, please outline type of study (i.e., clinical, social, etc.).

5. What proportion of your research funds have been allocated to gerontological studies?

during	percentage	dollars allocated
1982-83		
1981-82		
1980-81		
1979-80		
1978-79		

ATTACHMENT II

INTERVIEW LIST

Alberta University Affiliations:

- Dr. S. Abu-Laban, University of Alberta
- Ms. A. Deane, University of Alberta
- Dr. L. Fisher, University of Calgary
- Dr. J. Kerr, University of Alberta
- Dr. Thomas Nelson, University of Alberta
- Dr. A.E. David Schonfield, University of Calgary
- Dr. D. Skelton, University of Alberta
- Dr. S. Stinson, University of Alberta
- Dr. I. Wishaw, University of Lethbridge

Service Affiliations:

- Dr. N. Chappell, Centre on Aging, University of Manitoba
- Mrs. U. Kasting, Lethbridge Senior Citizens Centre
- Mr. R. Selles, Alberta Council on Aging
- Ms. D. Smith, University of Alberta Hospital
- Ms. R. Wolfe, Alberta Council on Aging, Alberta Association on Gerontology

Funding Affiliations:

- Ms. I. Deadman, Gerontology Research Council of Ontario
- Dr. R. Dyke, Provincial Mental Health Advisory Council Research Fund
- Mr. P. Gougan, Department of Advanced Education, Government of Alberta
- Mr. F. Landriault, Social Sciences and Humanities Research Council
- Ms. J. Lillycroft, Natural Sciences and Engineering Research Council
- Mr. I. Milne, Canadian Geriatrics Research Society
- Ms. J. Theriault, National Health and Welfare Grants

APPENDIX C

LIST OF 1983 COUNCIL MEMBERS, TERMS OF REFERENCE AND STATEMENT OF PHILOSOPHY

1983 Report
Provincial Senior Citizens Advisory Council

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL 1983

Chairman: Raymond Clark
Bow Island

Norman Bowles
Red Deer Area

John P. Donahue
Calgary Area

Erna Goertzen
Lethbridge Area

Sister Jean Golden
Calgary Area

Arta Juneau
Grande Prairie Area

Milton McInnis
Edmonton Area

Desmond O'Coffey
Medicine Hat Area

Muriel Oslie
Peace River

Donna Rose
Bassano

Grace Smith
Edmonton Area

Representing the Alberta Hospital Association —

Edward F. Fee
Killam

Representing the Alberta Medical Association —

Dr. Rodney M. Chadwick
Red Deer

Member of the Legislature —

Harry Alger
M.L.A., Highwood

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

Terms of Reference

Purpose

1. To review the views and concerns of older persons in Alberta.
2. To foster positive attitudes towards aging and a better understanding of old people.
3. To provide advice to the government on specific policies and programs for senior citizens and to advise in regard to priorities and the co-ordination of programs.
4. To make any other observations to the government deemed to be relevant to the development of programs for older people.
5. To review and advise on educational and special projects grants for programs for senior citizens, subject to the availability of funds.
6. To carry out other responsibilities at the request of the government from time to time.

Structure

Meetings:

The Council will meet not less often than four times a year.

Reporting:

The Council shall submit an annual report to the Minister responsible for the Council at the end of each calender year and submit any other reports to the Minister deemed appropriate.

Remuneration of the Chairman and Members of Council:

Remuneration, honoraria and out-of-pocket expenses will be according to the appropriate schedule established by Ministerial Order. Honoraria will not be paid to public servants.

Secretariat:

The Director of the Senior Citizens Bureau will act in this capacity and the resources of this office will be available to the Council.

Membership:

- — Chairman to be appointed by government and to hold office at the pleasure of the government.
- — One member from each of the following organizations selected from nominations put forward by them: Alberta Hospital Association, Alberta Medical Association, and on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge.
- — One Member of the Legislature.
- — Ten members representing the community.

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL — ALBERTA STATEMENT OF PHILOSOPHY

The Council believes that old age should be a time of satisfaction and fulfillment.

Like persons of all ages, older persons should be able, within reason, to select their own lifestyles, influence and determine their futures, and have an opportunity for meaningful involvement. They should be able to enjoy a sense of security from appropriate health and social services and be assured of financial and other resources that enable them to share in a rising standard of living. They also have a responsibility to be as self-reliant as possible and contribute to the well-being of society.

Even though the later years may bring physical and social stresses, the Council believes that they can be a time of productivity, growth and self-realization.

To ensure this, three basic themes should form the foundation of government policy, services and their delivery:

1. provision for maximum independence and choice;
2. encouragement of continued participation in family and community life;
3. involvement of senior citizens in the planning, development and assessment of services.

The Council is convinced that it is in the interest of all people that the positive aspects of aging and old age be stressed. Through programs and policies which encourage activity and contribution, senior citizens can be a vital component of the social fabric of this Province.